



2012 – 2013
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Early Childhood (Birth to Age 5)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Early Childhood Special Education Teachers

Name:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Start Date: (mm/yyyy)	

(Date teacher **first** began working at this school site)

1. Holds a bachelor's degree

AND

2. Check only **ONE** option below:

- a. ☐ Holds a valid Arizona Early Childhood Special Education Certificate (A.R.S. §15-502.B) – Intern, Provisional, Reciprocal or Standard **OR**
- b. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, MR, OI/OHI, Severe/Profound] – Provisional, Reciprocal or Standard **and** the Early Childhood Certificate **OR**
- c. ☐ Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, MR, OI/OHI, Severe/Profound] – Provisional, Reciprocal or Standard **and** the Early Childhood Endorsement

3. Teaching Assignment: Early Childhood Special Education

_____ # of Periods Taught in this Core Content Area

*If you met the requirements for 1 and 2 (including 2a, 2b or 2c), under federal guidelines, you are considered **highly qualified** to teach in an early childhood special education setting.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date